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J. Frank Osha, Es SUGHRUE MION 2100 Pennsylvania Washington, DC 2 24/2005 MBEYENE2 0000	E 3 70 50 10 10 10 10 10 10 10 10 10 10 10 10 10	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. (Depositor's name)						
FC:1501 FC:1504	1400.00 OP 300.00 OP				(Signature) (Date)			
APPLICATION NO.	FILING DATE	FIRST NAMED INV			R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/091,553	03/07/2002		Atsuhiro	Takata		Q68332	9108	
TITLE OF INVENTION: MOBJECT	ETHOD OF SLITTING A			KESIN FI	LM OBJECT AND	SUCH A BATTERY SEPAI	KATOR-USE RESIN FILM	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBI	LICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$300	\$1700	06/17/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS				
RIVERA, WILLIAM ARAUZ		3654		242-525000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	RESIDENCE DATA TO B an assignee is identified be			-		nee is identified below, the c	locument has been filed for	
recordation as set forth in	1 37 CFR 3.11. Completion	of this form is NO	Γ a substitute	for filing a	n assignment.		•	
(A) NAME OF ASSIGN	EE	(B) RESIDENC	E: (CITY a	and STATE OR CO	UNTRY)		
SUMITOMO CHE	MICAL COMPANY,	LIMITED	Osaka,	Japan	· ·			
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	atent):	Individual 🗗 C	orporation or other private gr	oup entity Government	
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Publication Fee (No s	charge any payment deficiency and credit overpayment to PODA 19-4880. A duplicate copy of this form is attached.							
Advance Order - # of	Copies		any overpayment, to					

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Authorized Signature 32, 607 John T. Callahan Typed or printed name Registration No.

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